

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

March 9, 2015


Mr. Dane Rank, Administrator
Thompson Residential Home
80 Maple Street Po Box 1117
Brattleboro, VT 05302-1117

Dear Mr. Rank:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 10, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/10/2015
NAME OF PROVIDER OR SUPPLIER THOMPSON RESIDENTIAL HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET PO BOX 1117 BRATTLEBORO, VT 05302		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE
R100	Initial Comments: An unannounced on-site complaint investigation was conducted on 2/10/2015, by the Division of Licensing and Protection. There were regulatory findings.	R100		
R161 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that all medications were handled according to the home's policies for 1 of 2 residents, Resident #1. Findings include: 1. On 2/10/15 at 12:00 PM, during record review for Resident #1, it was found that the resident had specific orders from the physician for administration of medications. Resident #1 has diagnoses that include: Dementia with prominent hallucinations and paranoia which is suggestive of Lewy Body disease, Atrial Fibrillation (A-Fib) and anxiety. S/he has "as necessary" (prn) medications of Haldol 1 mg IM (intra-muscular injection) every 8 hours for severe agitation; Haldol 0.5 mg by mouth (po) every 4 hours for severe agitation; Ativan 0.5 mg sublingual (SL) every 4 hours for severe agitation, if Haldol not helpful, and Ativan 0.25 ml IM every 4 hours. Based on documentation in the medication administration record (MAR), the resident	R161	R161 5.10.b Physician's orders for Resident #1 reviewed and clarified. Policies regarding administration of medications were reviewed and updated as necessary. SDC or designee to provide education to staff responsible for administration of medications. Resident MAR's will be reviewed weekly for compliance Corrective action will be done as needed. Results will be reported a QA meetings. DNS to monitor for compliance.	3/4/15 3/4/15 3/13/15 Ongoing Ongoing

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

STATE FORM

6899

3CAJ11

If continuation sheet 1 of 3

R161 - R206 PDC accepted 3/16/15 660411 R11 PDC

Division of Licensing and Protection

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R161	Continued From page 1 received the Ativan 0.5 mg SL on 11/29, 12/11/15 and 1/14, 17 and 19, 2015. There is no evidence that the Haldol had been given prior to administering the Ativan, as per physician orders. The Registered Nurse (RN) confirmed at 12:10 PM that the physician orders had not been followed in regards to the administration of the prn Ativan as specified and that documentation to support reason for giving the medications was not documented. 2. Further review presented that on 11/25/14 the documentation on the back of the MAR indicated that the Haldol 1 mg IM was administered secondary resident exit seeking. There is no further documentation to support that the resident had severe agitation. Ativan administered on 11/9/15 presents that the resident had anxiety and pulse was 110 (resident has diagnosis of A-Fib), no other documentation to indicate agitation. The Registered Nurse (RN) confirmed at 12:10 PM that there was no evidence to support appropriate reason for administering the medications.	R161	R206 5.18.a Policies regarding investigation and reporting were reviewed and updated as necessary. SDC or designee to provide education to staff regarding investigation and reporting. Abuse reporting checklist updated and posted for staff. (attached) All concern forms will be reviewed by the administrator and appropriate actions will be taken, Concerns and investigations will be reviewed at QA meetings.	3/4/15 3/13/15 3/4/15 Ongoing Ongoing	
R206 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to the Adult Protective Services (APS) as required by 33 V.S.A. §6903. APS may be contacted by calling toll-free 1-800-564-1612. Reports must be made to APS within 48 hours of learning of the suspected, reported or alleged incident.	R206			

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R206	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to report a case of suspected resident to resident abuse to the Adult Protective Services (APS) as required by 33 V.S.A. §6903 within 48 hours of the alleged incident, for 1 of 2 residents reviewed, Resident #1. Findings include:</p> <p>Per interview on 2/10/15, with Administrator, there was confirmation at 11:15 AM that there had been a report made to the Division of Licensing and Protection on 10/02/2014 regarding an incident that had occurred between Resident #1 and another resident that resided in the nursing home section of the Residential Care Home. The 2 entities are housed in the same building and the 2 residents resided on the same unit at the time of the incident. Nursing notes of 09/15/14 stated the alleged victim of the abuse (Resident #1 spouse) had accused Resident #1 of hitting him. The nurse indicated an incident report was written and stated the Director of Nursing Service (DNS) was notified, however, this report was not found. A second incident was reported on 09/20/14 to the DNS, who on vacation, instructed to call the Administrator. The administrator confirmed at 4:20 PM that the report had not been filed per regulations.</p>	R206			

**YOU AND ALL STAFF MEMBERS OF THIS NURSING COMMUNITY
ARE MANDATED REPORTERS**

If you witness or suspect that a resident has been abused, neglected, or exploited, you must report the incident immediately. We encourage you to **work with the Administrator, Director of Nursing, Clinical Coordinator, or Charge Nurse** to complete the following:

Complete this checklist when making a report. This will ensure safety for our residents, and compliance in reporting

- ☐ Separate the victim and the alleged perpetrator.
- ☐ Assign a staff member to monitor both if it involves resident to resident.
Verbally report the incident to the On-Call Nurse, Director of Nursing, or Administrator Immediately. A voicemail is NOT ACCEPTABLE.
- ☐ If it involves a staff member send the staff member home
- ☐ The reporter will complete a written report (Concern Form)
- ☐ Notification of MD
- ☐ Notification of Family
- ☐ Update Care Plan
- ☐ The On-Call Nurse, Director of Nursing, or Administrator will make an initial report to Adult Protective Services, Local Law Enforcement (if applicable), and DAIL within the following timeframe:
 - Serious Bodily Injury – 2 Hour Limit
 - All Others – Within 24 hours

If you are unable to verbally notify anyone call 1-800-564-1612 to report the incident according to the time limits above.

Leave the following information:

- ☐ Thompson House, 80 Maple St., Brattleboro, VT, (802) 254 - 4977
- ☐ Date and time of incident
- ☐ Resident(s) involved
- ☐ Please indicate that this is an initial report, and that the Administrator or Director of Nursing will file a complete report to follow